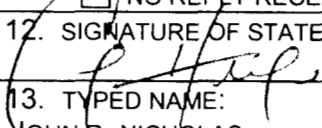
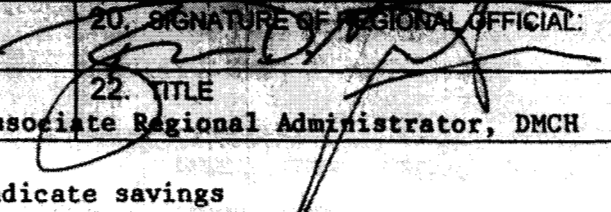


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 04 -- 015	2. STATE: MAINE
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE(S) 10/1/04	
5. TYPE OF PLAN MATERIAL (CHECK ONE): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 2 CFR 440.230		7. FEDERAL BUDGET IMPACT: a. FFY 03 (\$ 33,000) b. FFY 04 (\$ 132,000)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: ATT. TO ATT 3.1A P3		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): ATT. TO ATT 3.1A P3	
SUBJECT OF AMENDMENT: LIMIT PSYCHOLOGIST COUNSELING VISITS FOR ADULTS; REFINE MEDICAL ELIGIBILITY FOR CHIROPRACTIC SERVICES; ALLOW LMFT AS QUALIFIED STAFF; LIMIT ROUTINE OPTOMETRIC			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED COMMISSIONER, DEPT. OF HUMAN SERVICES <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: CHRISTINE ZUKAS-LESSARD Acting Director, Bureau of Medical Services #11 State House Station 442 CIVIC CENTER DRIVE Augusta, ME 04333-0011	
13. TYPED NAME: JOHN R. NICHOLAS			
14. TITLE: Commissioner, Maine Department of Health and Human Services			
15. DATE SUBMITTED: SEPTEMBER 30, 2004			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 9-30-04		18. DATE APPROVED: 10-8-04	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 10-1-04		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Bruce D. Greenstein		22. TITLE: Associate Regional Administrator, DMCH	
23. REMARKS Note: Parens added to box 7 to indicate savings			

State: Maine

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE
AND SERVICES PROVIDED OT THE CATEGORICALLY NEEDY

Item 6b - Optometrists' Services

Limited to one pair of eyeglasses when the power is equal to or greater than 10.00 diopters. Individuals covered under EPSDT are eligible to receive other services subject to the following limitation: examination and eyeglasses may only be provided for more than minor refractive error. The volume purchase of eyeglasses limited the selection of frames and lenses to a basic assortment from one supplier. Adults not residing in an ICF-MR are limited to one routine exam every two years.

Item 6c - Chiropractor's Services

Limited to treatment by means of manual manipulation of the spine. Rehabilitation potential, documented by a physician or primary care provider, will be required for adults to receive chiropractic services.

Item 6d - Other Practitioners' Services:

Psychologists

Psychologist services are limited to those provided by a licensed psychologist. Staff operating under the direction of a licensed psychologist may be reimbursed for neuropsychological testing when performed by appropriately educated and/or trained staff.

Limited to evaluation, individual or group psychotherapy, psychometric testing, pain management services for approved programs and collateral contacts. Limited to two hours per week for individual psychotherapy unless emergency treatment is required and in then limited to eight visits per emergency. Limited to ninety minutes per week for group therapy with exceptions of patients in an inpatient psychiatric facility or individuals in groups for trauma treatment. Psychometric testing is limited to a total of four hours except for the Halstead-Reitan Battery (seven hours) Intellectual Level (two hours) and self administered tests (thirty minutes). Adults are limited to sixteen visits per year for therapy services.

Psychological Examiners

Limited to psychometric testing of four hours except for the Halstead-Reitan Battery (seven hours) Intellectual Level (two hours) and self administered tests (thirty minutes), and intervention services defined as consultation, behavior management and social skills training.

Licensed Clinical Social Workers , Licensed Clinical Professional Counselors, and Licensed Marriage and Family Therapists. Services covered for children up to age 21.

Advanced Practice Nurses other than nurse midwives and certified family and pediatric NPs
No limits

TN No. 04-015

Supersedes

Approval Date: 12/08/04

Effective Date: 10/1/04

TN No. 02-011